

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Freedom Partners Action Fund, Inc.

ADDRESS (number and street) ▼

1515 N COURTHOUSE ROAD STE 620

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00564765

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

2014

in the
State of

DC

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

2014

through

M M M /

D D D /

Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas F. Maxwell III

Signature of Treasurer

Thomas F. Maxwell III

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	6268052.22	
(c) Total Receipts (from Line 19)	4994169.81	20604941.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11262222.03	20604941.72
7. Total Disbursements (from Line 31)	6174170.32	15516890.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5088051.71	5088051.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4991909.81

20466478.31

(ii) Unitemized

2260.00

29087.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

4994169.81

20495565.81

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

4994169.81

20495565.81

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

109375.91

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

4994169.81

20604941.72

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

4994169.81

20604941.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	286787.00	1146730.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	286787.00	1146730.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	5387383.32	13617659.03
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500000.00	750000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500000.00	750000.00
29. Other Disbursements	0.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6174170.32	15516890.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6174170.32	15516890.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4994169.81	20495565.81
34. Total Contribution Refunds (from Line 28(d))	500000.00	750000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4494169.81	19745565.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	286787.00	1146730.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	109375.91
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	286787.00	1037355.07

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: F3XN
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. DR. HOWARD ALBERT

Mailing Address 3938 GLENDENNING ROAD

City
DOWNERS GROVE

State
IL

Zip Code
60515-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCAG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11.692

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. VAN HENRY ARCHER JR.

Mailing Address 218 W. LYNWOOD AVENUE

City
SAN ANTONIO

State
TX

Zip Code
78212-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.699

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. CHARLES H. BLANCHARD

Mailing Address 11429 BEACH ROAD

City
SISTER BAY

State
WI

Zip Code
54234-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11.696

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MR. PETER J. BRIX

Mailing Address 7211 SE WILSHIRE CT.

City

MILWAUKIE

State

OR

Zip Code

97267-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

VENTURE CAPITALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11.760

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. MARLA CHANDLER

Mailing Address 8200 E KILLARNEY CT.

City

WICHITA

State

KS

Zip Code

67206-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMMUNITY VOLUNTEER

Occupation

COMMUNITY VOLUNTEER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11.769

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL COIT

Mailing Address 12400 COIT ROAD
STE. 1000

City

DALLAS

State

TX

Zip Code

75251-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.713

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MR. THOMAS DANIS

Mailing Address 14545 LADUE ROAD

City
CHESTERFIELD

State
MO

Zip Code
63017-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALN CORPORATION

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11.770

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. R. T. FARMER

Mailing Address C/O SUMMER HILL, INC.
6847 CINTAS BLVD., STE. 120

City
MASON

State
OH

Zip Code
45040-

FEC ID number of contributing
federal political committee.

C

Name of Employer
CINTAS CORP.

Occupation
FOUNDER & CHAIRMAN EMERITUS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11.759

Amount of Each Receipt this Period

500000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. PAUL L. FOSTER

Mailing Address 6500 TROWBRIDGE DRIVE

City
EL PASO

State
TX

Zip Code
79905-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN REFINING INC.

Occupation
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11.691

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MR. KENNETH GILE

Mailing Address 3509 ROLLING HILLS LANE

City State Zip Code
 GRAPEVINE TX 76051-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer

FYLDUBAI

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 06 2014

Transaction ID : SA11.712

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. GLENN HADLOCK

Mailing Address 6699 SHILLING ROAD

City State Zip Code
 GENEVA OH 44041-9362

FEC ID number of contributing
federal political committee.

C

Name of Employer

HADLOCK PLASTICS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 13 2014

Transaction ID : SA11.753

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. JERRY HAYDEN

Mailing Address 10306 E CALLE DE LAS BRISAS

City State Zip Code
 SCOTTSDALE AZ 85255-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 06 2014

Transaction ID : SA11.707

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MS. CAROL A. HENRICHS

Mailing Address 13403 EDGE WOOD LANE

City
HIGHLAND

State Zip Code
IL 62249-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

Transaction ID : SA11.754

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. THOMAS O. HICKS

Mailing Address 100 CRESCENT CT.
STE. 1200

City
DALLAS

State Zip Code
TX 75201-7860

FEC ID number of contributing
federal political committee.

C

Name of Employer

HICKS HOLDINGS LLC

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.703

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. STANLEY S. HUBBARD

Mailing Address 3415 UNIVERSITY AVENUE WEST

City
ST. PAUL

State Zip Code
MN 55114-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUBBARD BROADCASTING, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 07 / 2014

Transaction ID : SA11.715

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MR. KEVIN R. KNEE

Mailing Address 41550 ECLECTIC STREET

City

PALM DESERT

State

CA

Zip Code

92260-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

GUTHY RENKER LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.705

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. FRANK W. KOZEL

Mailing Address 560 EPSILON DRIVE

City

PITTSBURGH

State

PA

Zip Code

15238-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.702

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. DENNIS KUESTER

Mailing Address 10 SEAGATE DRIVE 3-S

City

NAPLES

State

FL

Zip Code

34103-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11.693

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MR. ROBERT L. LUDDY

Mailing Address 1912 CHALK ROAD

City

WAKE FOREST

State

NC

Zip Code

27587-9164

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

CAPTIVEAIRE

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

Transaction ID : SA11.722

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOE P. MURPHY

Mailing Address 519 BLACKJACK OAK

City

SHAVANO PARK

State

TX

Zip Code

78230-5637

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MURPHY TOMATOES

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : SA11.695

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. PATRICK J. O'DEA

Mailing Address 11 TITCOMB STREET

City

NEWBURYPORT

State

MA

Zip Code

01950-2507

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : SA11.751

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

150250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MS. MARGIE PATTON

Mailing Address 182 EUSTACE ROAD

City
STAFFORD

State Zip Code
VA 22554-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

10 / 10 / 2014

Transaction ID : SA11.731

Amount of Each Receipt this Period

249.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. KEVIN REA

Mailing Address 2157 PIERPONT BLVD.

City
VENTURA

State Zip Code
CA 93001-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEUROVISION MEDICAL PRODUCTS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.721

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. KENNETH REEDER

Mailing Address 3810 MONETS LANE

City
CINCINNATI

State Zip Code
OH 45241-3864

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAR EXCELLENCE SYSTEMS

Occupation

SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.706

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1749.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MRS. JEANETTE S. RITCHIE

Mailing Address 1064 CREEK DRIVE

City

MENLO PARK

State

CA

Zip Code

94025-5362

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11.716

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. STEPHEN ROSS

Mailing Address 3905 LAKE FRONT STREET

City

WATERFORD

State

MI

Zip Code

48328-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11.734

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. ELIZABETH SEIBOLD

Mailing Address 7000 PINE CANYON ROAD

City

CARSON CITY

State

NV

Zip Code

89704-9688

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SA11.772

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MR. JOHN R. SEIBOLD

Mailing Address 7000 PINE CANYON ROAD

City

CARSON CITY

State

NV

Zip Code

89704-9688

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11.758

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN STUPP

Mailing Address 18 ST. ANDREWS DRIVE

City

ST. LOUIS

State

MO

Zip Code

63124-1672

FEC ID number of contributing
federal political committee.

C

Name of Employer

STUPP BROS., INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11.723

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. RICHARD W. WEEKLEY

Mailing Address 1111 N POST OAK ROAD

City

HOUSTON

State

TX

Zip Code

77055-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEEKLEY PROPERTIES

Occupation

DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.711

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MRS. NORMA ELLIS ZIMDAHL

Mailing Address 4525 N PLACITA DEL TIO

City
TUCSON

State
AZ

Zip Code
85750-6312

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.720

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BAXTER 88 (02) TRUST

Mailing Address 11100 SANTA MONICA BLVD.
11TH FLOOR

City

LOS ANGELES

State

CA

Zip Code

90025-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11.756

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City

ARLINGTON

State

VA

Zip Code

22201-3397

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422279.31

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11.787

Amount of Each Receipt this Period

120910.81

CONTRIBUTION

PERSONNEL, OFFICE SPACE, OFFICE SUPPLIES, IT
SUPPORT/SERVICES, TRAVEL

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195910.81

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. KAREN BUCHWALD WRIGHT REVOCABLE TST

Mailing Address PO BOX 243

City State Zip Code
MOUNT VERNON OH 43050-0243

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARIEL CORP.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11.694

Amount of Each Receipt this Period

500000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MOUNTAIRE CORPORATION

Mailing Address PO BOX 21440

City State Zip Code
LITTLE ROCK AR 72221-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.704

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROGER W STONE REVOCABLE TRUST DTD 6/3/2009

Mailing Address 1101 SKOKIE BLVD.
STE. 300

City State Zip Code
NORTHBROOK IL 60062-4124

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAPSTONE PAPER AND PACKAGING CORP.

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11.766

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. WILLIAM C EDWARDS REVOCABLE TRUST

Mailing Address 950 TOWER LANE
STE. 790

City State Zip Code
FOSTER CITY CA 94404-2191

FEC ID number of contributing
federal political committee.

C

Name of Employer
EDWARDS PARTNERS

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11.708

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WOODS FAMILY TRUST

Mailing Address PO BOX 675331

City State Zip Code
RANCHO SANTA FE CA 92067-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOPHIRIS BIO INC.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SA11.714

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WRIGHT FAMILY LIVING TRUST

Mailing Address 19 RANDOM ROAD

City State Zip Code
ENGLEWOOD CO 80113-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY RESOURCES LLC

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.757

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90000.00

4991909.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SB21B.I136

Amount of Each Disbursement this Period

56.64

Full Name (Last, First, Middle Initial)

B. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB21B.I180

Amount of Each Disbursement this Period

17817.64

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SB21B.I164

Amount of Each Disbursement this Period

1000.09

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18874.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR, LLCMailing Address 435 E MAIN STREET
STE. 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 13 2014

Transaction ID : SB21B.I152

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. FP1 STRATEGIES LLC

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 14 2014

Transaction ID : SB21B.I167

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FP1 STRATEGIES LLC

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 15 2014

Transaction ID : SB21B.I168

Amount of Each Disbursement this Period

17000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FP1 STRATEGIES LLC

Mailing Address PO BOX 16504

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB21B.I174

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.Mailing Address 2200 WILSON BLVD.
STE. 102-533

City	State	Zip Code
ARLINGTON	VA	22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB21B.787

Amount of Each Disbursement this Period

120910.81

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT
SUPPORT/SERVICES,TRAVEL

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.Mailing Address 2200 WILSON BLVD.
STE. 102-533

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
REIMBURSEMENT-OFFICE SPACE, TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : SB21B.I150

Amount of Each Disbursement this Period

4934.45

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130845.26

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Freedom Partners Action Fund, Inc.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Freedom Partners Action Fund, Inc.

A. JONES DAY

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M' and has 10 pins. The second connector is labeled 'D' and has 13 pins. The third connector is labeled 'Y' and has 2014 pins.

Category/
Type

29955.00

State: District:

B. MAXIMUM COMPLIANCE, LLC

Three digital displays are shown, each with a grid of small squares above the main number. The first display shows '10' with two squares above it. The second display shows '07' with two squares above it. The third display shows '2014' with four squares above it.

Category/
Type

15000.00

State: District:

C. POOLHOUSE

Category/
Type

5000.00

State: District:

49955.00

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 41

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. SANDLER-INNOGENZI, INC.

Mailing Address 705 PRINCE STREET

City
ARLINGTONState
VAZip Code
22314Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB21B.I169

Amount of Each Disbursement this Period

5722.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5722.00

286650.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. KAREN BUCHWALD WRIGHT REVOCABLE TST

Mailing Address PO BOX 243

City	State	Zip Code
MOUNT VERNON	OH	43050

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SB28A.I179

Amount of Each Disbursement this Period

500000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500000.00

500000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 41

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Freedom Partners Chamber of Commerce, Inc.

Nature of Debt (Purpose):

Reimbursement-Office Space, Travel

Mailing Address 2200 Wilson Blvd.
Ste. 102-533City State Zip Code
Arlington VA 22201-3397

Outstanding Balance Beginning This Period

4934.45

Transaction ID : DQ3.001

Amount Incurred This Period

0.00

Payment This Period

4934.45

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jones Day

Nature of Debt (Purpose):

Legal Fees

Mailing Address 51 Louisiana Avenue, NW

City State Zip Code
Washington DC 20001

Outstanding Balance Beginning This Period

29955.00

Transaction ID : DQ2.004

Amount Incurred This Period

0.00

Payment This Period

29955.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00564765</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee CRAFT MEDIA DIGITAL, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>		
Mailing Address 1600 K STREET, NW STE. 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>		
City WASHINGTON		State DC	Zip Code 20006		Transaction ID : SE24.137
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>	
Name of Federal Candidate MARK E. UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1423987.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 14 / 2014</div>		
Mailing Address PO BOX 16504			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22302		Transaction ID : SE24.158
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 13 / 2014</div>	
Name of Federal Candidate MARK E. UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1423987.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">20500.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>THOMAS FRANCIS MAXWELL III</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 41
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2014</div> </div>	
Mailing Address PO BOX 16504		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24.178 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 15 / 2014</div> </div>
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate KAY R. HAGAN		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">837157.06</div>			

Full Name of Payee GREENER AND HOOK LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 14 / 2014</div> </div>	
Mailing Address C/O ROBERT CLAYTON, CPA 1271 MOUNTAIN ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33087.69</div>	
City FRONT ROYAL	State VA	Zip Code 22630	Transaction ID : SE24.175 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 15 / 2014</div> </div>
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate MARK PRYOR		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2652419.58</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">45087.69</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00564765</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee I360			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 08 / 2014</div>		
Mailing Address PO BOX 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">457707.00</div>		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.127
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>	
Name of Federal Candidate MARK PRYOR			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2652419.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee I360			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 08 / 2014</div>		
Mailing Address PO BOX 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">471161.00</div>		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.128
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>	
Name of Federal Candidate JONI K. ERNST			<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3131048.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">928868.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="text-align: right;"><i>THOMAS FRANCIS MAXWELL III</i></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 41
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 07 / 2014</div>		
Mailing Address PO BOX 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">701595.00</div>		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.129
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 02 / 2014</div>	
Name of Federal Candidate MARK E. UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1423987.00</div>		

Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 08 / 2014</div>		
Mailing Address PO BOX 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">131400.00</div>		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.130
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 02 / 2014</div>	
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND II			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">420566.57</div>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">832995.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature _____

Date

MM / DD / YYYY

10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 41
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014		
Mailing Address PO BOX 37046			Amount 51950.00		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.131		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2014		
Name of Federal Candidate JOE GARCIA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 174162.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014		
Mailing Address PO BOX 37046			Amount 99650.00		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.132		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2014		
Name of Federal Candidate NICK J. RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought 671743.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	151600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYYYY 10 / 08 / 2014		
Mailing Address PO BOX 37046			Amount 258700.00		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.133
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 10 / 02 / 2014		
Name of Federal Candidate GREGORY JOHN ORMAN			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 1566660.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYYYY 10 / 08 / 2014		
Mailing Address PO BOX 37046			Amount 125050.00		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.134
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 10 / 06 / 2014		
Name of Federal Candidate GREGORY JOHN ORMAN			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 1566660.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			383750.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
THOMAS FRANCIS MAXWELL III Signature			[Electronically Filed] Date MM / DD / YYYYYY 10 / 15 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014		
Mailing Address PO BOX 37046		Amount 200.00		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.141	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2014	
Name of Federal Candidate MARK E. UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		1423987.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014		
Mailing Address PO BOX 37046		Amount 97.00		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.142	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2014	
Name of Federal Candidate MARK E. UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		1423987.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		297.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
THOMAS FRANCIS MAXWELL III		[Electronically Filed]		Date
Signature				MM / DD / YYYY 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2014
Mailing Address PO BOX 37046		Amount 81950.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type	Transaction ID : SE24.143 Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Name of Federal Candidate GREGORY JOHN ORMAN		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1566660.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014
Mailing Address PO BOX 37046		Amount 51950.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type	Transaction ID : SE24.147 Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Name of Federal Candidate JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 174162.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133900.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee I360			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2014		
Mailing Address PO BOX 37046			Amount 131400.00		
City BALTIMORE		State MD	Zip Code 21297		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type 		Transaction ID : SE24.148 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND II			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 420566.57			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee I360			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2014		
Mailing Address PO BOX 37046			Amount 611267.00		
City BALTIMORE		State MD	Zip Code 21297		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE		Category/Type 		Transaction ID : SE24.159 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MARK PRYOR			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 2652419.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			742667.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
THOMAS FRANCIS MAXWELL III _____ Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 15 / 2014</div>		
Mailing Address PO BOX 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">665536.00</div>		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.160
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2014</div>	
Name of Federal Candidate BRUCE L. BRALEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3131048.00</div>					
Full Name of Payee I360			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 14 / 2014</div>		
Mailing Address PO BOX 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">701595.00</div>		
City BALTIMORE		State MD	Zip Code 21297		Transaction ID : SE24.161
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2014</div>	
Name of Federal Candidate MARK E. UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1423987.00</div>					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1367131.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 15 / 2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee I360			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014		
Mailing Address PO BOX 37046			Amount 146050.00		
City BALTIMORE		State MD	Zip Code 21297		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type 		Transaction ID : SE24.162 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate NICK J. RAHALL II			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought 671743.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee I360			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014		
Mailing Address PO BOX 37046			Amount 581949.00		
City BALTIMORE		State MD	Zip Code 21297		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type 		Transaction ID : SE24.163 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate GREGORY JOHN ORMAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 1566660.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			727999.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ THOMAS FRANCIS MAXWELL III			Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INNOVATIVE ADVERTISING, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 14 / 2014</div> </div>	
Mailing Address 4250 HIGHWAY 22 STE. 7		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7812.46</div>	
City MANDEVILLE	State LA	Zip Code 70471	Transaction ID : SE24.154 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 13 / 2014</div> </div>
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate JOE GARCIA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">174162.46</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SANDLER-INNOZENZI, INC.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 14 / 2014</div> </div>	
Mailing Address 705 PRINCE STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29889.00</div>	
City ARLINGTON	State VA	Zip Code 22314	Transaction ID : SE24.156 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 13 / 2014</div> </div>
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate NICK J. RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">671743.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">37701.46</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SSC STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 14 / 2014</div> </div>	
Mailing Address 1180 8TH AVENUE WEST #259		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14887.17</div>	
City PALMETTO	State FL	Zip Code 34221	Transaction ID : SE24.157 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 13 / 2014</div> </div>
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND II		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">420566.57</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">14887.17</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5387383.32</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014